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APPLICANTS

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** CONTINUING DATA *****

None

LN

** FOREIGN APPLICATIONS *****

None

LN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>Elizabeth C. Jacobs</i>	Initials 02/26/03		
Verified and Acknowledged				

ADDRESS

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TITLE

Printhead alignment test pattern and method for determining printhead misalignment

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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